

Testimony of
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Against AIDS, and Tuberculosis and Malaria

Offered to the
House Committee on International Relations
Chairman, Congressman Henry Hyde,
Ranking Member, Congressman Tom Lantos

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“....you can almost hear little innocent children, their parents dead, now alone, pray for someone to be there for them. If no one comes, what then can we say to them?”

First I choose, on behalf of the “Friends of the Global Fight against AIDS, and Tuberculosis (TB) and Malaria,” to applaud and endorse the valiant labors of Ambassador Randall Tobias, who guides the forward

journey of President Bush's Emergency Plan for AIDS Relief, otherwise known as PEPFAR. Ambassador Tobias understands with mounting clarity what needs to be done, and with skill, diplomacy and urgency is moving to the future with indispensable action. He is a heroic warrior in this worldwide struggle, working in close harmony with Dr. Richard Feachem, Executive Director of the Global Fund.

We at the Friends of the Global Fight have enlisted in this war on grotesque pandemics. Our mission is to sustain and enlarge the work of PEPFAR, the Global Fund and other critical partners. We are all too dismally aware of the collision between medical science/in-the-field forces and a contagion gone berserk. There sweeps across the planet a trio of terrifying shroud-covered messengers of death: AIDS, malaria and TB. They are literally decimating civilizations, more fearsome than the Black Death that almost destroyed Europe in the Middle Ages.

Six million human beings die every year from these diseases. Let me put it more graphically.

That death toll is the equivalent of 46,747s fully loaded crashing every day of the year.

It is the equivalent of an Asian tsunami hitting us every two weeks.

It is the equivalent of New York City totally populated by orphans.

What is unacceptably tragic is that these diseases are treatable and preventable, with life-extending drugs and attitude-changes, and in the instance of malaria and TB, curable.

We have the knowledge. We have the tools. We are equipped to attack this trio of death-dealers head-on with safe and effective medicines that work and with effective prevention techniques.

If that is so, why can't we do more? Why the delay? The challenges are many, but a few stand out above the crowd.

Firstly, there is a shortage of foot soldiers to wage this fight. The doctors and nurses who are so critical to delivering life-saving aid are themselves succumbing to these diseases or leaving their home countries to accept more lucrative jobs. We must turn our sights to this difficult problem. PEPFAR and the Global Fund are leading the way. Already, Global Fund programs have

trained 385,000 passionate people in techniques to fight these diseases.

Our battle plans must also focus on those who are bearing the brunt of this onslaught, women. A broad range of tactics must be deployed to help all women, from young school girls to married mothers, protect themselves from these diseases. The Global Fund is attuned to this need. It has many programs around the globe employing those critical tactics. In Kenya, for example, a remarkable group of women from the Kenyan Network of Women Living with HIV/AIDS are spreading compassion and empowerment to women throughout the country with the help of the Global Fund.

Our crusade lacks another essential: More funds.

Again, to put it in clear easy-to-understand language -

For the cost of a Sunday newspaper, a mother can prevent the spread of HIV to her unborn child.

For the cost of a movie ticket and popcorn, thirty AIDS patients can receive a day of life-extending drug treatment.

For the cost of a sandwich and soda, six months of medicine can cure a woman of TB.

For the cost of a cup of coffee, a child can sleep safe from malaria for 5 years under a bed net with anti-mosquito impregnation.

For the cost of a subway trip, a little girl can receive the world's best malaria medicine to cure her of the disease in 3 days.

The United States is one of the founders of the Global Fund, the progeny of the G8 countries. The US contributes one-third of the Global Fund's total income, with all other countries contributing two-thirds. In 2004, the Fund received some \$1.6 billion. In the interest of candor and fact, that is not enough for the Global Fund to continue current programs to expand its life-giving work in the year ahead and to take on new challenges that will not go away.

The Global Fund and PEPFAR are strengthening their collaboration at the individual country level, where the actual treatment takes place. There are specific plans in the 15 countries where PEPFAR operates and teams from PEPFAR and the Global Fund make sure that duplication is eliminated, and joint efforts are given new urgency. In fact, because the

Global Fund operates 310 programs in 127 countries, the Fund is the multi-lateral arm of PEPFAR, complementing the work of US bilateral programs around the world..

This collaboration arrives at the right moment. The pandemics are rushing into India, Russia and China with hurricane-swiftness, and growing rapidly. In these countries, the Global Fund is the channel for 60 percent of total US funding to combat AIDS, extending the reach of bilateral programs. Especially important is the Fund's role as the action vehicle for US investment in TB and malaria control, two diseases that together kill as many as die from AIDS. Results in malaria control have been rapid and impressive.

In the beginning of its fifth year, the Global Fund has now committed more than \$3.2 billion to prevention and treatment in 127 countries throughout the world. It releases fund only upon proven performance.

What are the wide sweeping results of the Global Fund at the end of 2004? Together with PEPFAR, the Fund has provisioned 240,000 sick people with life-extending AIDS drugs, driving an uplift of 70% in treatment access globally in 2004.

It has made HIV counseling and testing services available to over one million people.

It has distributed nearly 1.4 million insecticide-treated bed nets to protect families from malaria.

It has distributed 300,000 doses of the most strikingly effective malaria medicines (artemisinin-combination therapies) more readily known as “ACTs.” By shifting to the more powerful ACTs to defeat malaria, the Fund is now ready to provide more than 30 million ACT treatments each year, compared to under one million previously.

It has treated nearly 400,000 TB patients.

It has had cheerful, confirmed successes in Zambia, the Lubombo Region (100,000 square kilometers across South Africa, Swaziland and Mozambique), and Haiti

In Zambia, where the AIDS rate is 16% of adults in the country, where 1,000,000 children are now orphans, the Fund has distributed more than \$120 million to counter-attack these diseases. It is allied with the Churches Health Association of Zambia (CHAZ), which in turn works with 250 faith-based organizations all over the country. These programs have supported and cared for 52,000 orphans, and have reached

270,000 people with behavior change messages. PEPFAR and the Global Fund are in intimate cooperation in Zambia.

In the Lubombo Region, the Fund's support for a program created by private corporations has enabled the Fund to reduce malaria infections by 90%. The principal weaponry has been ACT medicines and the spraying of the interiors of lodgings with DDT.

Haiti has the highest HIV infection rate in the Western Hemisphere. Despite frustrating political turmoil over the past year, the Fund provided 2,300 people with ARV treatment, tested 85,000 for HIV and reached nearly 1,000,000 at-risk youths with effective prevention messages.

What then is our plea?

The Global Fund has urgent funding requirements if it is to attack unceasingly the pandemics across a wide landscape in all parts of the world. In fiscal year 2006, it needs \$2.4 billion just to extend its existing successful programs. The U.S. share of that crucial funding would be \$800 million. If the funds are not there what happens? The Fund may surely have to discontinue effective life-saving programs and the life-extending medications of AIDS patients would be in

jeopardy. The board of directors of the Fund (whose chairman for the past two years was HHS Secretary Tommy Thompson) has launched a new round of grants, which will require \$1 billion more, \$300 million from the U.S. This would amount to a total of roughly \$1.1 billion in fiscal year 2006. Other donor countries are primed to provide their share. Already other donor countries have pledged enough funding to fully match the U.S. FY 2005 appropriation of \$435 million on a two-to-one basis. The Global Fund has launched a new replenishment process to raise funds from other donors for the next two years. It is confident the process will raise enough money to match a U.S. appropriation of at least \$800 million in FY 2006.

These pandemics move with indifferent regard for the misery and death they inflict. I dare any observer to gaze into the hopeless, fearful, wondering eyes of little children. Children with no parents, whose innocence is drowned because of a savage intrusion over which they had no control Children who don't understand why they are alone and when they sleep, if they do, you can almost hear them pray for someone to be there for them. If no one comes, what then can we say to them?